No X	child because Yes	sactions, or liabilities of a spouse or dependent child because	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
No X	trusts" need not Yes	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and center disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
STIONS	OF THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ed and the s" response.	must be answer ed for each "Yes	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	<u>§</u>	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. Yes
Yes No X		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	× S	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No	1	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.		III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
Yes No	ne reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	×	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
Yes No X		VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	<u>s</u>	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes If yes, complete and attach Schedule I.
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	r Employing Office: e Termination Date:	Officer or Employee	Status Member of the U.S. State: YA Status House of Representatives District: 9 Report Annual (May 15) Amendment
SE COMMATIVES HC	Catholic Ose SmyATIVES	(Daytime Telephone)		(Full Name)
Y 13 PM 5: 30	2908 MAY 13 PM 5: 30	215)854-7437		PATRICK J. MURPHY
HAND DELIVERED	HAND DE	Form A For use by Members, officers, and employees) 	2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period
				ליייידים הדינדים ייסייסים הבייסים הבייניין

Name Patrick S. Murphy

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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and be	benefits received under the Social Security Act	curity Act.
	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
- 1	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
COREN O'CONNOR, PHILADELPHIA, FA	SALARY -LAST OFF PAN	2,500.00
COZEN O'CONNOR, PHILADELPHIA, PA	SPOUSE SALARY	24,758.70

TSP GOVT IRA	(SP) VANSHARD IRA	(SP) VANGUARD WUTUAL FLAUS	(ST) PNC BANK			SP. SP Mega Corp. Stock	Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
×	*	×	×	×	-	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	A B C P E F G H - L K F	Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
×	*	×	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income	me or Farm Income)	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
×	*	*	*	×	X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		Amount of Income Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
						S (partial)	(S) (partial) See below for example. P, S, E	If only a portion of an asset is sold, please indicate as follows:	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE V— LIABILITIES

Name Partnels J. Murshy

							×	STUDENT LOANS	SALLIE MAE, WILKES BARDE, PA	
				×		-		Mortgage on 123 Main St., Dover, Del.	Example: First Bank of Wilmington, Delaware	
\$25,000,000 \$25,000,000 \$50,000,000 Over \$50,000,000	\$5,000,000 \$5,000,001	\$500,001- \$1,000,000 \$1,000,001-	\$250,001- \$500,000	\$100,001- \$250,000	\$50,001- \$100,000	\$15,001- \$50,000	\$1,001- \$15,000	Type of Liability	Сreditor ЈТ	٦ <u>,</u>
ے۔ 2		<u>و</u>	וד	m	ם	C	8		SP	ري ري
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Amount of Liability	unt of	Amo						
your spouse, or dependent child. Mark the highest amount owed by automobiles, household furniture, or appliances; liabilities of a or your spouse. Report <i>revolving charge accounts</i> (i.e., credit	jhest ar nces; انذ <i>counts</i> :	the hig appliar arge ac	Mark ure, or ng ch a	t child. I furnit 'evolvi	penden seholo eport r	or der es, hou use. R	ouse, omobil ur spo	rring period by you, I out); loans secured arent, or sibling of yo	Report liabilities of over \$10,000 owed to any one creditor <i>at any time</i> during the reporting period by you, during the year. Exclude : Any mortgage on your personal residence (unless it is rented out); loans secured business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of yo cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.	Repo durin busir cards

SCHEDULE VI— GIFTS

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CHASE, MADISON, MS

CHASE , MADISON, NS

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NELVET , DENVER , CO

STUDENT LOANS

STUDENT LOANS

×

×

×

CREDIT CARDS

Z **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

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i			Example:		
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal triendship received from Committee on Standards)	Description	
			\$325	Value	

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination— City of Return	(Y/N)	Food?	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: CI	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	Z	Z	None
i	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	~	~	Y	2 Days
American	Israel Education Foundation	Avg. 11-19	American Israel Education Foundation Ave. 11-19 Newark-Telaris- Newark	¥	~	7	2862
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